

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90325 050 ***150.00

DOCUMENT # K07984

1. Entity Name

GRANT ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 27
SILVER SPRINGS FL 34489
US

Mailing Address

P.O. BOX 27
SILVER SPRINGS FL 34489
US

2. Principal Place of Business

Tall Timber Mobile Home Park

3. Mailing Address

14575 NE 21st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Silver Springs

City & State

FL 34488

Zip

34488

Country

Mexico

Zip

34488

Country

Mexico

4. FEI Number

59-2861008

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRANT, JOHN R.
4465 NE 112TH AVE.
SILVER SPRINGS FL 34488

Grant, Brian R.
11321 E Hwy 314
Silver Springs, FL.
34488

7. Name and Address of New Registered Agent

Grant, Brian R.
11321 E Hwy 314
Silver Springs
FL Zip Code **34488**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Brian R. Grant, STD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-27-01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

PD
GRANT, JOHN R.
P.O. BOX 27 N/A
SILVER SPRINGS FL

TITLE NAME ☐ Delete

VD
RODGERS, CONNIE G.
P.O. BOX 186 N/A
SILVER SPRINGS FL

TITLE NAME ☐ Delete

STD
GRANT, BRIAN R.
P.O. BOX 186 N/A
SILVER SPRINGS FL

TITLE NAME ☒ Delete

D
GRANT, T.C.
P.O. BOX 186 N/A
SILVER SPRINGS FL

TITLE NAME ☒ Delete

D
GRANT, BARBARA M.
P.O. BOX 186 N/A
SILVER SPRINGS FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. GRANT

1-17-01

Date

352-757-6260

Daytime Phone #

CR2E034 (10/00)